

COMMONWEALTH of VIRGINIA
 Department of Medical Assistance Services
 Division of Long Term Care

Waiver Participant/ SSN#: _____

Checklist for receipt of a CDC/VDH Screening Packet

Required Screening Information Received (DMAS USE ONLY)	Required Screening Information Missing (DMAS USE ONLY)	(CDC or VDH USE ONLY): √ = Information Attached	Required Screening Information
			1. DMAS 96 signed and dated by the person completing the screening and a Physician. Must include professional credentials i.e. M.D. /R.N.
			2. Consent to exchange information. Included on the Consent to exchange information must be the CDC, DMAS, and the chosen case management, when found eligible.
			3. Consumer Choice Form (DMAS 459) Bullet number 4 must document the choice of waiver services selection over institutional care, if found eligible
			4. Copy of the letter from the CDC informing the individual of eligibility/or reason for ineligibility, case manager choice (when found eligible) must include appeal rights.
			5. The Level of Functioning Survey, including the Addendum and Summary Sheet (DMAS 458).
			6. Psychological or Standardized Developmental Evaluation performed, signed and dated by a public or private psychologist. I.e. School Psychologist, Licensed Clinical Psychologist, Developmental Pediatrician or Neuropsychologist. 12 VAC 30-120-720
			7. Psychological must include a developmental diagnosis determined by one of the qualified professionals listed in #6 or medical documentation from a Physician of the developmental diagnosis (such as Cerebral Palsy). Testing results must not include a diagnosis of mental retardation. (Not a requirement prior to February 7, 2005). 12 VAC 30-120-720 (2)(c)
Using regulation, policy and procedures, this individual meets criteria for DD Waiver- YES NO (circle one)			
CDC/VDH Signature/Date :			
<p>_____ Missing/ incomplete information – please send the missing documents as indicated below. Complete re-submission of packet not required for this review.</p> <p>_____ Multiple missing/ incomplete pages in screening packet submitted- unable to review. Please resend a <u>complete</u> screening packet. Thank You</p>			

DMAS ANALYST FUNCTION ONLY:

Status of screening packet: Approved: Yes No Additional information needed: Yes No

DMAS Comments:

DMAS Staff Signature _____ Date _____

DMAS – 471 12/08